



State of Montana STARS Preschool Pilot Program

Application Worksheet

Instructions:

Use this worksheet to review and prepare your responses to the application questions. Once you begin your application, you may not be able to return to the application. You will want to complete the application in one sitting to ensure a complete application. You can copy and paste your responses either from this worksheet or from a Word document into the application.

1. Overview

Thank you for your interest in the STARS Preschool Pilot Program. Together, the Office of the Governor and the Department of Public Health and Human Services are seeking qualified applicants to participate in a two year pilot program. The purpose of the pilot is to seek innovative opportunities to expand and increase access to preschool for 4 and 5 year old children. The intent of the pilot is to test multiple delivery models, including public programs, private programs, and mixed delivery programs through public-private partnerships, in rural and urban areas. Participation in the pilot indicates agreement to deliver high quality preschool in accord with program criteria and best practices within the classroom, as well as to gather data to inform future recommendations.

The Opportunity

The State is looking to fund a minimum of 15 classrooms for two years, beginning in the Fall of 2017 for the 2017-2018 school year. Renewals can occur for the 2018-2019 school year at a later date. Funding is based on a maximum of \$150,000 per classroom per year, with enrollment size of 18. Waivers can be submitted to serve up to 20 or less than 18. There is a match requirement of 10% each year.

Eligibility

The following entity types are eligible to apply to participate in the pilot program. *All programs must agree to meet applicable STARS preschool health and safety standards.*

- Public Schools (NOTE: MPDG classrooms and Kindergarten I programs are ineligible. Existing preschool programs, including special education-funded programs and classrooms may be eligible, but funds cannot be used to supplant special education funding.)
- Any Best Beginnings STARS to Quality Program at 3 STARS or higher and with dedicated preschool classrooms or services for 4 year olds. Program must maintain compliance with STARS level 3 or higher as well. Child Care Programs who would like to apply for STARS Preschool and who are not currently enrolled in the Best Beginnings STARS to Quality Program, can demonstrate that they meet STAR 3 and lower criteria and enroll in Best Beginnings STARS to Quality simultaneously, but must follow rules of both programs.
- Head Start Programs (NOTE: funds could be used to expand but cannot be used to supplant existing federal funding)
- Private preschool providers and schools
- Community Based programs
- Military Programs

Selection

Selection will be based not only on the quality of the application and the ability to deliver a high quality, cost effective, developmentally appropriate preschool program, but will also take into account the proportion of children served who meet the definitions of high needs, as well as emphasis on serving rural communities. The State is interested in innovative models including, but not limited to public/private partnerships, traveling preschool models in rural settings, or other expansion opportunities.

Expected Timeline

- June 5, 2017: Applications Released
- June 16, 2017: Questions submitted to the state by emailing starspreschool@mt.gov by 5:00 PM Mountain Time
- June 23, 2017: Responses to Questions posted
- July 10, 2017: Applications Due by 5:00 PM Mountain time
- July 11-July 21, 2017: Applications Reviewed
- July 21, 2017: Notice of intent to award released
- July 28, 2017: Contracts released for signature
- August 14-15, 2017: Save the Date: In person Training
 - DIAL
 - ASQ-SE
 - ERS
 - *online tutorial participation required prior to in person training
- Payment release dates:
 - 1st installment released immediately following signed contract
 - 2nd installment released week of 10/16/17
 - 3rd installment released week of 1/15/18
 - Final quarterly installment released week 4/16/18



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2. Organizational Information

Please refer to the STARS Preschool Program Criteria for guidance in completing the application

* 1. Name

* 2. Organization type

☐

For profit

☐

Non profit

* 3. FEIN number

* 4. Administration contact information

Name

Title

Address

Email

Phone

* 5. Board chair if applicable

Name

Title

Address

Email

Phone

* 6. Fiscal contact information

Name

Title

Address

Email

Phone

* 7. Physical classroom address

8. Teaching staff contact information

Name

Title

Address

Email

Phone



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3. Facility Type

9. Please select your facility type. Please check all that apply. For the facility type(s) you select, please answer the additional questions and assurances on the next page.

- ☐ Public School
- ☐ Best Beginnings STARS to Quality
- ☐ Licensed/Registered provider not in STARS yet
- ☐ Head Start
- ☐ Private Preschool
- ☐ Community Based
- ☐ Military



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4. Facility Information and Assurances

10. If you are a Public School please review and complete the following assurances

- ☐ We assure we are not using funds for Kindergarten I and this same service population
- ☐ We assure we are not participating and receiving funds through the Montana Preschool Development Grant from OPI

11. If you are a Best Beginnings STARS to Quality Provider please select the current STAR level achieved

- ☐ STAR 3
- ☐ STAR 4
- ☐ STAR 5

Please provide the date of the STAR level awarded

12. If you are a License/Registered Provider not in STARS yet please certify the following

- ☐ I certify that I will be eligible for STAR 3 or higher based on my review of STARS criteria

Please provide your license/registration number

13. If you are a Head Start Provider please answer the following

- ☐ We are a licensed State of Montana Child Care Facility
- ☐ We are not a licensed State of Montana Child Care Facility
- ☐ We assure we are not supplanting other federal funds

If you are licensed by the State of Montana please provide your license number

14. If you are a Private Preschool please answer the following

- ☐ We are a licensed State of Montana Child Care Facility
- ☐ We are not a licensed State of Montana Child Care Facility

If you are licensed please provide your license number

15. If you are a Community Based Facility please answer the following

- ☐ We are a licensed State of Montana Child Care Facility
- ☐ We are not a licensed State of Montana Child Care Facility

If you are licensed please provide your license number

16. If you are a Military Facility please answer the following

- ☐ We are a licensed State of Montana Child Care Facility
- ☐ We are not a licensed State of Montana Child Care Facility

If you are licensed please provide your license number



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5. Proposed Delivery of Preschool Services and Applicable Prior Experience

The following questions will provide insight into your preschool delivery model. You may fill out your answers in a Word document, then copy and paste your answers into the boxes.

17. Tell us how you plan to provide high quality, developmentally appropriate care to 4 and 5 year olds in your community. This might include:

- philosophy on delivering developmentally appropriate practice
- how you will design your environment
- child selection process
- proof of research based curriculum used with alignment to the Montana Learning Guidelines
- plan to offer meals and snacks, supervision and staffing models, parent engagement
- discipline and positive child guidance policies

18. Please identify the curriculum you are using

19. Please describe how you will expand and/or enhance service to children with the definition of high needs (priority preference will be given for serving high

20. Please provide explanation regarding prior experience in delivering a high quality preschool program.

21. If you were unable to fully answer the questions and you have a document to attach that further answers the question please upload it now. Note the answer cannot exceed 8 pages for all three of these questions. Name the file according to the question number(s).

Choose File

No file
chosen



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6. Enrollment Plan

You may fill out your answers in a Word document, then copy and paste your answers into the boxes.

* 22. How many children do you plan to enroll?

23. We request a waiver to serve more than 18, up to 20 children per class

☐ No

☐ Yes. Please explain your rationale

24. We request a waiver to serve less than 18 children per classroom

☐ No

☐ Yes. Please explain your rationale

25. If you were unable to fully answer the questions and you have a document to attach that further answers the question please upload it now. Name the file according to the question number(s).

Choose File

No file
chosen



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7. Community Need

You may fill out your answers in a Word document, then copy and paste your answers into the boxes.

26. Tell us about the need for preschool in your community. This might include demographic data, graduation rates, program access (Priority preference will go to rural communities)



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8. Staff Qualifications

27. At a minimum, the following qualifications must be met. In the event, staff with these qualifications cannot be hired, please provide adequate information around your plans to work toward meeting the qualifications. Please supply supporting documentation to show this criteria has been met, (e.g. certification/license, registry certificate, transcripts.)

Teacher Degree:

- For public schools, lead teacher will be licensed and endorsed in accord with the State of Montana's teacher licensure standards and Title 10 Chapter 63 public preschool program standards.
- For non-public school settings, Lead teacher must be equivalent to a Level 6 on the Practitioner Registry (Bachelor's degree with 20 credits in early childhood education).
- Programs may apply for a waiver from this requirement if the Lead teacher has lesser credentials, but has extensive experience and is supervised by a Level 6, a certified teacher, or higher, especially related to curriculum and content development. In order to receive a waiver, applicants will include a plan and the budget will reflect support for the Lead teacher to work toward meeting this requirement. If the applicant does not have an existing relationship with a Level 6 or certified teacher, the state, through the Early Childhood Project, will assist in matching a qualified supervising individual. The supervisor may be remote (please provide justification).

Auxiliary Teacher:

- Must have 2 years of study at higher education, or associates degree in related field. Specific Early CE knowledge and experience is prioritized.

Choose File

No file
chosen

28. Use this space to upload additional staff qualification documentation

Choose File

No file
chosen

29. Use this space to upload additional staff qualification documentation

Choose File

No file
chosen

30. Use this space to upload additional staff qualification documentation

Choose File

No file
chosen



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9. Budget

31. Please upload your completed budget here. The budget template and sample budget can be found on the [Application to Participate in a State of Montana STARS Preschool Pilot Program website](#).

Choose File

No file
chosen



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10. Assurances

* 32. The following statements must be checked indicating the applicant agrees to comply

- ☐ We agree to participate and comply with the STARS Preschool health and safety checklist.
- ☐ We acknowledge that the intent of the funding and pilot is to begin with the 2017-2018 school year, starting in the Fall.
- ☐ We agree to maintain compliance with STARS Preschool program criteria as well as other applicable program criteria (Best Beginnings STAR to Quality, Chapter 63, Child Care Licensing, Head Start Performance Standards).
- ☐ We agree to actively partner with the State of Montana and its assigned agents for assessments, coaching, site visits, and technical assistance.
- ☐ We agree not to charge tuition for children during STARS preschool hours.
- ☐ We agree to collect and share data as part of the pilot program.
- ☐ We agree to supplement, not supplant other state and federal funds for like purposes in program delivery.
- ☐ We acknowledge that selection of successful programs is at the discretion of the State of Montana for purposes of this pilot experience.
- ☐ We acknowledge that the full cost to deliver services may exceed the allocated \$150,000 per year and agree to supply cost of service information to the state to inform future recommendations.
- ☐ We agree to submit quarterly expenditure reports.
- ☐ We agree that the budget may be approved/adjusted by the State based on the delivery model and on the projected number of children served, and the State also reserves the right to track expenditures over time.
- ☐ We agree that any unspent funds will be returned at the end of each year.
- ☐ We agree to a continuous quality improvement model based on results from assessments, technical assistance, or child observation, and will develop quality improvement plans.
- ☐ We agree to maintain enrollment and ratios based on our application.
- ☐ We agree to submit attendance data quarterly.
- ☐ We commit that all program staff have successfully passed a background check.
- ☐ We agree not to discriminate on the basis of race, color, national origin, age, disability, or sex.
- ☐ We agree to hold harmless the State of Montana from any damage or injury sustained by any person or property in any manner whatsoever arising out of the administration, planning, preparation, development, implementation and execution of the program funded by the grant.
- ☐ We agree to submit required documentation to enter into a contract with the State of Montana.
- ☐ We agree to update DPHHS whenever there are changes in enrollment, program personnel, and/or service delivery plan.
- ☐ We certify that parents agree to complete the Ages and Stages questionnaire and allow for data to be shared with the state for purposes of future recommendations.
- ☐ We agree that each classroom shall have space for 18 children, unless waived, which includes a minimum of 35 square feet per child of indoor classroom space, and 75 square feet per child of outdoor play space.



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11. Application certification and submission

* 33. Please certify the following

- ☐ I certify that the above statements are true and correct to the best of my knowledge
- ☐ I agree to submit my application by electronic means
- ☐ By checking this box and typing my name below, I am electronically signing my application

* 34. Name

First

Middle Initial

Last

Suffix